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ABSTRACT

This study examined the special education needs of school-aged children living in emergency homeless family shelters in Los Angeles (California). Specifically, the study: (1) identified the proportion of sheltered homeless children with a probable behavior problem, learning disability, or mental retardation; (2) examined the level of unmet need for special education evaluation; and (3) explored how children's need for special education evaluation may relate to use of services in other sectors, such as specialty mental health and general health services. Interviews were conducted with 118 parents and 169 children were tested. Forty-five percent of the children had been homeless for more than 2 months and 40 percent had changed schools 2-5 times in the past 12 months. Overall, 45 percent of the children merited a special education evaluation, yet only 23 percent had ever been evaluated or received special education services. Specifically, about 25 percent of the children needed an evaluation for a behavior problem, 20 percent for a learning disability, and 8 percent for mental retardation. Results suggest that homeless children have a high level of unmet need for special education evaluation and services, but that procedures for determining eligibility and placement should be adapted to accommodate the extreme transience of this population. (Contains 25 references.) (DB)

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Sheltered Homeless Children: Eligibility and Unmet Need for Special Education Evaluations

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Introduction

School-aged children living in emergency homeless family shelters are at risk for not receiving the education needed to break their cycle of poverty (National Law Center on Homelessness and Poverty, 1990), due to disproportionately high levels of poor academic skills, erratic school attendance (Cavazos, 1990; Ely, 1987) and school failure (Bassuk & Rosenberg, 1990; Parker et al., 1991; Wood, Valdez, Hayashi, & Shen, 1990). Their academic achievement may be further hampered by developmental delays and behavioral disorders (McGee & Share, 1988; Mannuzza, Klein, Bessler, Malloy, & LaPadula, 1993), problems which are common among homeless children and often remain untreated (Parker et al., 1991; Wood, Valdez, Hayashi, & Shen, 1990; Zima, Wells, & Freeman, 1994; Bassuk & Rubin, 1987; Fox, Barrnett, Davies, & Bird, 1990; Masten, Miliotis, Graham-Bermann, Ramirez, & Neeman, 1993).

Schooling, however, may ameliorate some of the negative consequences of homelessness, and special education programs with more individualized teaching approaches may be particularly beneficial (Heflin & Rudy, 1991; Wiley & Ballard, 1993). The structured environment of a school program fosters the child's concept of personal place (Rivlin, 1990), and may be a main source of stability for a homeless child. Further, under federal law, homeless children are guaranteed a free and appropriate public education, even if having significant disabilities (U.S. Department of Education, 1995).

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Yet children living in homeless shelters face numerous barriers to educational services, such as residency requirements for school registration and poor transfer of records (Cavazos, 1990; Ely, 1987). Determination of eligibility for special education, the first step to accessing programs, may be especially problematic for homeless children due to their transiency and lengthy Individualized Education Program (IEP) timelines for evaluation and placement (Heflin & Rudy, 1991). In an earlier study in Los Angeles County, only 19% of children living in homeless shelters had been in special classes compared to almost one-third of poor children with housing (Wood, et al., 1990).

The purpose of this study is to: 1) describe the proportion of sheltered homeless children with a probable behavior problem, learning disability, or mental retardation; 2) examine the level of unmet need for a special education evaluation; and 3) explore how child need for a special education evaluation may relate to use of services in other sectors, such as specialty mental health and general health.

Method

Sampling strategy

Twenty-two emergency homeless family shelters were identified in Los Angeles County, and eligibility was confirmed by a brief telephone survey. An emergency shelter was defined as any program that allowed homeless families to sleep overnight, but for short-term stays only. Homeless shelters were selected in random order and surveyed twice between February and May 1991. Families were eligible if they had at least one child age 6-12 years and had stayed at least one night at the facility. The parent who felt they knew the child best was interviewed. If there were more than two eligible children in a family, two were randomly selected. The survey was translated and back-translated into Spanish.

Data Collection

Parent interviews and child testing were conducted simultaneously at the shelter. Informed consent was obtained from the parent and child following UCLA Human Subjects Protection Committee approved procedures. Parent interviews were performed by trained lay interviewers with a graduate level education. Child testing in English was conducted by a board certified child psychiatrist (BZ), and child interviews in Spanish were performed by two trained bilingual graduate research assistants with additional training in child measures and on-site supervision. Bilingual children were tested in both languages, and their best receptive vocabulary and reading scores were taken. Measures and criteria for need for a special education evaluation and service use are described in Table 1.

Results

Eighty-two percent (18/22) of the homeless shelters participated, ranging from missions to publicly funded facilities. Interviews were completed on 118/121 (98%) families and 169 (100%) children. Forty-five percent of the children (N= 79) had been homeless for more than 2 months, and 47% (N=83) had lived in 3 or more different places in the past year (see Table 2). Latino children were more likely to be homeless longer than children from other ethnic groups (χ^2 (df=1) 8.14; p=.004) and White children were more likely to experience greater residential instability than children from minority backgrounds (χ^2 (df=1)=11.48; p=.001). The majority of children (N=157; 89%) were enrolled in school, but 39% (N=69) had missed more than one week of school in the past 3 months, and 40% (N=70) had changed schools 2-5 times in the past 12 months. Latino children were more likely to stay in the same school or change schools only once in the past year than non-Latino children (χ^2 (df=1)=6.48; p=.011).

Overall, more than one quarter of the children merited a special education evaluation for a behavior problem (*N*=48; 28%), 20% (*N*=36) for a learning disability, and 8% (*N*=14) for mental retardation, yet few received special education services (see Table 3). Less than one-third of children (*N*=15; 31%) with a probable behavior problem, 17% (*N*=6) with signs of a learning disability, 36% (*N*=5) in the borderline or lower range for mental retardation, and 23% (*N*=18) with signs of a behavior and/or learning problem, had ever received a special education evaluation or placement. Children who screened positive for a behavior problem, mental retardation, or any disability, were more likely to receive special education services than children who tested negative for their respective disability (BD: χ^2 (*df*=1)=10.95; *p*=.001; MR: χ^2 (*df*=1)=6.99; *p*=.008; Any: χ^2 (*df*=1)=6.99; *p*=.008).

Likewise, one-third of children (*N*=16) with a probable behavior problem, 14% (*N*=5) with a probable learning disability, 29% (*N*=4) with probable mental retardation, and 22% (*N*=18) with signs of any disability, had received any counseling or mental health treatment in past 12 months.

Table 1
Measures and Criteria for Need for a Special Education Evaluation and Service Use

Domain	Informant	Measure	Criteria
Behavior Problem	Parent	Child Behavior Checklist (CBCL: Achenbach & Edelbrock, 1983)	
Receptive Vocabulary	Child	Peabody Picture Vocabulary Test* (PPVT: Dunn, 1981)	
Reading	Child	Woodcock-Johnson Language Proficiency Battery* (WJ: Woodcock, 1984)	
Need for a Special Education Evaluation			
Behavior problem			CBCL total T > 60
Learning disability			If PPVT >75, PPVT-WJ 15 (1SD)
Mental retardation			PPVT and WJ < 75
Service Use	Parent		
Special education/lifetime			Received an evaluation for special education or enrolled in a special class
Specialty mental health/12m		National Health Interview Survey, Child Supplement (NHIS: National Center for Health Statistics, 1988)	Treatment or counseling or use of medication for either a developmental delay, learning disability, or an emotional or behavior problem
General health/6m		NHIS	Received services at a clinic, health center, hospital, or doctor's office for routine care or care of a sickness or injury

Note: *standard score normed by age

Children with a probable behavior problem were more likely to have received mental health services than children without a problem (χ^2 (df=1)=10.37; p=.001). Only 2% (N=3) of the children had taken medication for an emotional or behavior problem, developmental delay, or learning disability in the past 12 months. In contrast, among children testing positive for any disability, almost two-thirds (N=117; 66%) had received routine health care and 47% (N=81/173) had received care for sickness or injury in the past 6 months. With the exception that non-White children were more likely to receive routine general health care (χ^2 (df=1)=4.11; p=.043), use of special education, mental health, and general health services did not vary by child age, sex, ethnicity, homeless history, or school attendance or changes.

Discussion

Almost one-half (45%) of school age sheltered homeless children in our study merited a special education evaluation, yet less than one quarter (23%) of those with any disability had ever received special educational testing or had been in special classes. Use of mental health services was at similarly low levels. In contrast, the main point of contact for homeless children with signs of a behavior problem, learning disability, or mental retardation was the general health care sector. Our findings underscore the need for greater clinical suspicion among primary care providers for behavior problems and developmental delays when evaluating a homeless child, and familiarity with eligibility criteria and mechanisms to access special education programs.

The main limitations of this study are the use of screening measures and lack of a comparison group. The level of need and unmet need for a special education evaluation may be overestimated by including children who scored in the borderline range and relying on parent report for a history of special education testing and programs. The estimates for

Table 2
Percentage of Sheltered Homeless Child Characteristics, by Ethnicity

	African-American (n = 83)	Latino (n = 69)	White (n = 25)	Total (N = 177)	χ^2 *
Child					
Gender					4.66
Female	55	54	30	50	
Male	45	46	70	50	
Age (yrs)					1.72
6-9	33	44	38	39	
10-12	67	56	62	61	
Homelessness					
Amount of time/lifetime					8.14**
2 mos.	63	44	65	55	
> 2 mos.	37	56	35	45	
Residential instability/12 mos.					11.92**
> 3 places	55	59	23	53	
3 places	45	41	77	47	
School					4.72
Enrollment					
Yes	89	92	78	89	
No	11	8	22	11	
Days missed/3mos.					2.17
1 wk	60	67	48	61	
> 1 wk	40	33	52	39	
Changed schools/12mos.					7.18*
0-1 schools	51	72	61	60	
2-5 schools	49	28	39	40	

Note. Data weighted for number of eligible children per family.
*Overall χ^2 for all three ethnic groups (df = 2). *p < .05, **p < .005

unmet need for a special education evaluation, however, may also be conservative because the cut-points were lower than those used clinically to determine eligibility for special education (Mattison, Morales, & Bauer, 1992; Forness, 1985; Kavale & Forness, 1995). The sample also had a selection bias towards homeless children in school, a requirement for shelter stay, and may not be representative of the needs of the larger homeless child population who live doubled-up with relatives or in cars, theaters, or campgrounds (U.S. General Accounting Office, 1989). Further, the absence of a comparison group of poor, housed children- a common methodological problem in studies on use of school or mental health services among children (Forness & Hoagwood, 1993)- prohibits any conclusions about the impact of homelessness.

This study's findings nonetheless suggest that homeless children have a high level of unmet need for a special education evaluation, educational services they are entitled to under federal law. Procedures for determining eligibility and placement into special education programs should be adapted to accommodate the extreme transiency of homeless children, and interventions for school age homeless children should be coordinated with special education professionals, general health care providers, and housing services.

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Table 3
Percentage Use of Services Among Sheltered Homeless Children Who Warrant a Special Education Evaluation, By Disability

	Behavior Disorder (n = 48)	Learning Disability (n = 36)	Mental Retardation (n = 14)	Any Disability (N = 80)
Special Education/lifetime				
Evaluation or placement				
Yes (n = 27)	31**	17	36*	23**
No (n = 150)	69	83	64	77
Mental Health/12months				
Counsel/Treatment				
Yes (n = 30)	33**	14	29	22
No (n = 147)	67	86	71	78
General Health/6months				
Routine care				
Yes (n = 117)	70	68	79	68
No (n = 59)	30	32	21	32
Sick/injury care				
Yes (n = 81)	58	52	50	54
No (n = 92)	42	48	50	46

Note. Data are weighted by number of eligible children per family. Subjects are age 6-12 years.
*$p < .05$, **$p < .005$

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